



Complete Summary

TITLE

Glaucoma screening: percentage of Medicare members 65 years and older without a prior diagnosis of glaucoma or glaucoma suspect, who received a glaucoma eye exam by an eye care professional for the early identification of glaucomatous conditions.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of Medicare members 65 years and older without a prior diagnosis of glaucoma or glaucoma suspect, who received a glaucoma eye exam by an eye care professional (i.e., ophthalmologist, optometrist) for the early identification of glaucomatous conditions.

RATIONALE

Glaucoma is a group of diseases that result in irreversible damage to the optic nerve that carries information from the eye to the brain. Untreated glaucoma leads to blindness. An estimated 6.7 million Americans suffer from blindness due to glaucoma; 66.8 million have some sort of visual impairment from the disease. More than two million Americans over age 40 have glaucoma, but as many as half are unaware of it because the vision loss is unnoticeable, and usually painless, in the early stages of the disease.

PRIMARY CLINICAL COMPONENT

Glaucoma screening

DENOMINATOR DESCRIPTION

Medicare members age 67 years and older as of December 31 of the measurement year (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

Members from the denominator who received one or more eye exams for glaucoma by an eye care professional (i.e., ophthalmologist, optometrist) during the measurement year or the year prior to the measurement year (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicare
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 65 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

The number of Americans with glaucoma is predicted to increase to 3.3 million by 2020.

See also the "Rationale" and "Association with Vulnerable Populations" fields.

EVIDENCE FOR INCIDENCE/PREVALENCE

American Health Assistance Foundation. The facts about glaucoma. [internet]. 2002[updated 2008 Jun 01]; [accessed 2010 Feb 02].

ASSOCIATION WITH VULNERABLE POPULATIONS

Glaucoma is a particularly serious problem for the elderly. About 1 million people over 65 have vision loss associated with glaucoma. Approximately 75 percent of those legally blind due to glaucoma are over 65.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Friedman DS, et al. Vision problems in the US prevalence of adult vision impairment and age-related eye disease in America. [internet]. 2004 Feb 24[accessed 2010 Feb 02].

BURDEN OF ILLNESS

See the "Rationale" and "Association with Vulnerable Populations" fields.

UTILIZATION

Glaucoma accounts for over seven million visits to physicians each year.

EVIDENCE FOR UTILIZATION

American Health Assistance Foundation. The facts about glaucoma. [internet]. 2002[updated 2008 Jun 01]; [accessed 2010 Feb 02].

COSTS

Including Social Security benefits, lost income tax revenues and health care expenditures, U.S. government spending on glaucoma is estimated to exceed \$1.5 billion a year.

EVIDENCE FOR COSTS

Glaucoma facts and stats. [internet]. San Francisco (CA): Glaucoma Research Foundation; [updated 2008 Apr 01]; [accessed 2007 Nov 27].

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Medicare members age 67 years and older as of December 31 of the measurement year who were continuously enrolled during the measurement year and the year prior to measurement year with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Medicare members age 67 years and older as of December 31 of the measurement year

Exclusions

Exclude members who had a prior diagnosis of glaucoma or glaucoma suspect. Look for evidence of glaucoma as far back as possible in the member's history through December 31 of the measurement year. Refer to Table GSO-B of the original measure documentation for codes to identify members with a diagnosis of glaucoma or glaucoma suspect.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Members from the denominator who received one or more eye exams for glaucoma by an eye care professional (i.e., ophthalmologist, optometrist) during the measurement year or the year prior to the measurement year. A member is

considered to have had an eye exam for glaucoma if a submitted claim/encounter contains any code in Table GSO-A. Refer to Table GSO-A in the original measure documentation for codes to identify glaucoma screening eye exams.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Glaucoma screening in older adults (GSO).

MEASURE COLLECTION

[HEDIS® 2010: Health Plan Employer Data and Information Set](#)

MEASURE SET NAME

[Effectiveness of Care](#)

MEASURE SUBSET NAME

[Prevention and Screening](#)

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jan

REVISION DATE

2009 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

MEASURE AVAILABILITY

The individual measure, "Glaucoma Screening in Older Adults (GSO)," is published in "HEDIS® 2010. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on May 25, 2005. The information was verified by the measure developer on December 15, 2005. This NQMC summary was updated by ECRI Institute on November 15, 2007. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on March 10, 2009. The information was verified by the measure developer on May 29, 2009. This NQMC summary was updated again by ECRI Institute on January 15, 2010.

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Date Modified: 5/24/2010

